

## **SELF SURVEY MODULE**

### **483.25 (j) DEHYDRATION**

#### **TAG F327**

---

#### **REGULATION: F327 Dehydration**

(j) Hydration. The facility must provide each resident with sufficient fluid intake to maintain proper hydration and health.

**INTENT:** The intent of this regulation is to assure that the resident receives sufficient amount of fluids based on individual needs to prevent dehydration.

#### **OBSERVATIONS**

1. Is water at bedside?
  - a. Is it fresh and clean?
2. What access is there to water?
  - a. Mobility of resident
  - b. How close is water?
  - c. Accessibility to water fountain? Is it clean?
3. Can residents drink from container by themselves, i.e., RDM, dexterity, contractures, cognition?
4. Are assistive devices available?
5. What are resident's non-verbal cues?
6. Are pitchers labeled?
7. Are wanderers and those out of room also offered fluids?
8. What time is water passed?
9. Are liquids on food tray?
  - a. Amount of fluids on tray?
  - b. Is set-up provided?
  - c. Are fluids opened for resident?
  - d. Are fluids offered by staff before tray is removed?
  - e. Are fluids being consumed?
    1. If not, are substitutes being offered and encouraged and reported?
  - f. What types of fluids are offered?
  - g. How does staff respond to full tray at end of meal?
10. During mealtimes are residents allowed enough time to eat and drink?
11. Supervision of residents
  - a. Eating off each other's trays, etc.?

12. Is there access to bathroom?
13. Are trays returned to kitchen with unopened containers?
  - a. How much goes back on food cart?
14. Are liquids as ordered, i.e., consistency, amounts, supplements and preferences as indicated on meal card?
15. Are fluids offered between meals and encouraged, especially for room bound residents, i.e., during care?
16. Is free water supplemented?
17. Are supplements and between meal fluids offered so as not to interfere with appetite?
  - a. Are residents offered water in addition to supplements?
18. **ASSESSMENT OF RESIDENT:**
  - a. Skin, turgor, dry scaling
  - b. Dry mouth/tongue, pale mucous membranes, lip smacking
  - c. Cracked/peeling lips, food caked on teeth/dentures in place
  - d. Physical limitations:
    1. Glasses, hearing aids, splints, restraints/side rails
  - e. Breath odors
  - f. Food preferences/textures
  - g. Weight
    1. Appropriate for frame
  - h. Intake during meals
  - i. Activity level, dependency
  - j. Dressings
  - k. Are residents chewing gum or candy, etc.?
  - l. Is resident properly positioned during mealtimes?
  - m. Difficulty swallowing
  - n. Temperature – are extra fluids offered if weather is warm?
  - o. Consistency of stools
  - p. Note color and odor of urine. Is it dark, concentrated? Incontinence? Foley bag?
  - q. Dentures clean? Ill-fitting?
  - r. Eyes dull, sunken?
  - s. Orientation: cognitive status, psychological status, depression
  - t. Clothing with stains
  - u. Speech
19. **ENVIRONMENT:**
  - a. Accommodation for disability, i.e., blindness
  - b. Room temperature and humidity
  - c. Check water pitchers
  - d. Intake and Output signs

- e. Tube feedings, IV's, special needs
  - f. Nourishment refrigerator – residents and personal supplies
  - 1. Refrigerator in nursing station/nourishment room?
  - g. Is there an ammonia odor in building? Other odors?
  - h. Accessibility to fluids
  - i. Call bells
20. **MEDICATION PASS:**
- a. Does medication nurse offer extra fluids?
  - b. Do medications ordered contribute to dehydration?
21. **KITCHEN:**
- a. Are fluids at appropriate temperatures?
22. **STAFF:**
- a. Do they set up the trays and position resident?
  - b. Beverage of choice available/adequate amount of beverage
  - c. Is diet appropriate to order?
  - d. Water passes – timing
  - e. Positioning of pitchers
  - f. Offering of fluids
  - g. Call light response: appropriate follow-up
  - h. Are fluids encouraged?
  - i. Are they providing assistance during meals? Assistive devices?
  - j. When staff give care or answer lights, do they also offer fluids?
  - k. Does the staff pass out the snacks?
  - l. Do they offer substitutes?
  - m. Do they honor choices?
  - n. Attitude and approach of staff to residents
    - 1. Do they call residents by name?
    - 2. Do they interact with residents?
    - 3. Does the staff sit when feeding residents and provide socialization for resident?
  - o. Does staff hurry the resident when eating?
  - p. During medpass do residents who take their meds with applesauce also get offered water?
  - q. Are staff passing juices?
  - r. Are fluids thickened for swallowing /precautions taken for residents?
  - s. Are staff communicating with RN's regarding residents?

**INTERVIEWING:** Residents  
 Family  
 Staff: NA  
 Nurse/Med Nurse  
 Dietary Staff  
 Dietary Aide  
 RD and FSD  
 Care Plan/MDS Coordinator  
 Activity Director

Housekeeping  
Licensed Staff  
Ombudsman  
Community Advisory Council  
Residents Council

**QUESTIONS TO ASK:**

**RESIDENT:**

1. Do you get thirsty?
2. What do you like to drink?
3. Is water/fluid available and accessible (water pitchers)?
4. Is it fresh? How often do they change it?
5. Can you reach your pitcher?
6. Do you need assistance with liquids?
  - a. Can you pour or open containers for your own drink if you have access?
  - b. Can you use the liquid container that is given to you or do you need a special cup or for cup to be held for you?
  - c. Do you use a straw?
7. Is fluid at the appropriate temperature?
8. Can you get water yourself?
9. Do you get any juices or other drinks?
10. Do you get water from staff?
11. How often do they bring you water?
12. How long does it take for staff to bring water when you ask for it?
13. Do you go to the bathroom often?
14. Do you get supplement fluids?
  - a. Is it too much, too little?
15. Do you get choices in what you want to drink?
16. What beverages are on your meal trays and how much?
17. Liquids available with bed time snacks?
18. Does staff offer juice and other fluids at other times than mealtimes?

**FAMILY:**

1. When and how often do you visit?
2. Do you find water in his or her cup?
3. Do you see them offer water to the resident?
4. Does he or she complain of thirst?
5. Is the resident's urine strong smelling, color change, etc.?
6. Do you see them helping with lids or cartons during mealtimes and in between supplements?
7. Is there a filled water pitcher in resident's room when you visit?
  - a. Is it within reach?
8. Do you feel resident is getting enough to drink?
9. Have you ever noticed dry lips, dry skin, swollen tongue, sunken eyes, skin breakdown?
10. What fluids does your resident like?
11. What did resident enjoy to drink prior to nursing home admittance?
12. Does resident appear thirsty? Do you offer water?

13. Do you think staff offers water when you are not here? If not, why do you believe not?
  - a. Have you discussed this with staff or addressed in care planning?
  - b. What was their response or care plan? Is it followed through with?

**ROOMMATE AND FAMILY:**

1. How often do you observe staff bringing or offering water?
2. How often do they assist in giving fluids?
3. Does your roommate ask for water? Does the resident receive it?

**STAFF:**

1. How often do you fill pitchers for this resident? (Observe for filled pitchers)
2. Do you work with this resident regularly?
3. Are you familiar with his/her needs?
4. Is this resident on diuretics?
5. Does this resident have special needs, i.e., equipment, physical needs, visual?
6. How do you identify those who need special assistance or devices?
7. Do they complain about not getting enough water?
8. Does this resident need encouragement to drink?
9. Are there swallowing problems? Do you have to use thickening?
10. Has the residence expressed fluid preference?
11. What liquid supplement is resident offered? Frequency?
12. If resident refuses, whom do you tell? What is done?
13. Are there any fluid restrictions for this resident?
14. Have you identified any factors that would put resident at risk for dehydration, i.e., swallowing, chewing, etc.?
15. Do you have any residents that you monitor for Intake and Output? How?
16. Is staff aware of importance of monitoring for adequate fluid intake?
17. Are alternatives offered (popsicles, gelita, etc.)?
18. What are the schedules for providing fluids/water?
19. Do the residents get to choose their drinks?
20. How are residents assisted with their containers?
21. How do you know who is high risk for dehydration?
22. How would a new staff person know who would need special assistance or is at risk?
23. How do you assess a resident's fluid needs?
24. What programs are in place to encourage intake and assist with output (toileting)?
25. Is there an inservice/training on dehydration (if identified)?
26. How often is resident offered water?
27. Does resident need any assistive device or adaptation to accessibility or ability to drink?
28. What methods/strategies do you use to measure fluid intake for residents?
29. Have you assessed the resident's preference for drinking utensil (i.e., cup, mug, plastic, glass)?

**NA's:**

1. How often do you offer water?
2. Does each resident have a water pitcher/glass?
3. How often do you toilet resident?

4. Do you know which residents need extra fluids? How do you know?
5. Do you notice strong urine odors when changed?
6. How well does the resident take fluids?

**DIETARY:**

1. Do you keep other beverages on hall?
2. How much fluid is included in meals?
3. How do you calculate each resident's needs?
4. Do you have water with meals?
5. How much water received on trays?

**ACTIVITIES:**

1. Do you have fluids available during activities?
2. How often (every activity, only parties, only eating related activities)?

**FOLLOW-UP:**

1. Has this resident been monitored for Intake and Output? (staff, family, resident – if alert and oriented)
2. Has any lab work been done recently? (staff)
3. Any recent infection, illness or fever?
4. Were fluids adjusted during illness?

**OMBUDSMAN AND COMMUNITY ADVISORY COUNCIL:**

1. Any concerns related to dehydration
2. Any observations related to dehydration
3. Any concerns regarding Community Advisory Committee
4. Do you observe residents thirsty?
5. Have you received complaints from residents and/or families?
6. Is water accessible? Close-by and in proper type cup?
7. Do you observe urine in catheter bags dark/concentrated?
8. Same questions as family

**RESIDENT COUNCIL:**

1. Questions similar to resident
2. Observations of residents who cannot speak for themselves

**RECORD REVIEW**

1. MDS
  - a. Intake and output
  - b. Vision category
  - c. Behavioral section – ability to understand and cognition
  - d. Dehydration section
  - e. Skin condition, internal bleeding, output exceeds input, constipation, diarrhea, fecal impaction, abnormal labs, ROM limitation, leave 25% or more of meal, continence, UTI's in last 30 days, diuretics, dizziness, vomiting, swallowing problems.
2. Weight checks and change
3. Assistance needed (dependence) with feeding
4. Labs

- a. abnormal vs. normal (vitamin deficiency, BUN, sodium, potassium, digixon)
- 5. Diagnosis
- 6. Medications
  - a. diuretics, laxatives, antipsychotic, sedatives, or any that can cause nausea, vomiting and diarrhea
  - b. Tube feeds
- 7. Vital sign sheet – elevated temperature and blood pressure level
- 8. Nurses notes – acute changes and recent hospitalizations
- 9. Physician orders
  - a. Fluid restriction or diet (special) and any assistive devices needed
  - b. Tube feeding and type and orders for fluid needs
- 10. Social work/notes – family bringing food, fluid and dietary preferences
- 11. Dietary
  - a. Usual intake levels, concerns related to fluid level, how plan for fluid restriction with nursing
  - b. Assessment for fluid needs and check against doctor's orders.
  - c. Nutritional needs, mode of intake, preferences
- 12. Care plan issues – at risk and RAPS approaches
- 13. MARS – to see if omitting medications/resident refusing
- 14. Intake and Output records
- 15. Physician and pharmacy/ notes/reviews – blood pressure checks, blood levels
- 16. Rehab/O.T – fine/gross motor skills and need for special device and recommendations for these needs
- 17. Speech pathology – swallowing difficulties and special needs to address – thickened fluids
- 18. ADL's – eating ability
- 19. Age and diagnosis (diabetes) and gender and physical activity level
- 20. Admitted with pressure sores – treatment records
- 21. History and physical – any facts
- 22. Possibility of falls
- 23. NA flow sheets (meal intake and elimination, i.e. loose stools, constipation)
- 24. Nursing assessment – upon admission (sunken eyeballs, tongue swollen)
- 25. Risk factors scale and sheets
- 26. Care Plan
  - a. Interventions
- 27. Dental notes
- 28. Nurses' notes – acute episodes (edema, dry skin, falls, dizziness), observations
- 29. Changes (mental and physical)
- 30. Flow sheets (Intake and Output – note for tube feed and IV administration, vitals, weights)
- 31. Labs (electros, H and H, BUN, urinalysis, creatine)
- 32. Social Worker's notes (grievances, FC, Residents Council minutes)
- 33. History and Physical, discharge summary, ER records, admission records
- 34. Psychological consults (i.e., behavior diagnosis, mental status)
- 35. Skin assessments (drains, decubs, surgeries)
- 36. RAI – did they trigger for any of these problems?
- 37. Tube feeding – formula; administered as suggested
- 38. Nutritional records (notes) – water correct; nausea or vomiting

39. Physicians Notes – Intake and Output records; diarrhea or constipation
40. Skin assessments
41. MD orders – NPO or thickened liquids; fluid restrictions; TX dialysis; drugs
42. Progress notes
43. Recurrent UTI's
44. Therapy assessment (SLP)
45. Current diet/supplements, etc. (any thickener)
46. Behavioral records (delirium, etc.)
47. Update Care Plan with changes in hydration
48. Hospital records (ex. Discharge summary/Complaints)